

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		①				
5	1					
6		1				
7		2				
8	1					
9		1				
10		1				
11		1				
12		4				
13	1	1				
14		1				
15		2				
16	1					
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TOTAL IND.	7	1				
TOTAL DEP.	20					
TOTAL CLAIMS	27					

	IND		DEP		IND		DEP		IND		DEP	
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